

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hr</i>	62610	4/25/00
O.I.P.E. CLASSIFIER		4	5/29/00
FORMALITY REVIEW		6905	6-22-00
RESPONSE FORMALITY REVIEW		6905	8-16-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7/1/03
2	4/25/00
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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